# QUESTIONNAIRE
## TOBACCO SMOKE RETENTION PROJECT

Test Subject: D  Marital Status (S (M) W D)

Address Columbus, Ohio  Sex Male

Age 42 Occupation Research  Date July 28, 1959

Height (in.) 70  Weight 150

1. Do you smoke?  Yes X  No

2. Have you ever smoked?  Yes X  No

If yes, what type, quantity and duration of smoking?

Filter cigarettes, 1 pack a day, 10 years

3. Do you now have a respiratory illness? (cold, bronchitis, flu, virus, etc.)  Yes  No X

4. Have you recently had a respiratory illness?  Yes  No X

5. Do you have any of the following diseases or symptoms?

| | Yes | No | | Yes | No |
|---|---|---|---|---|---|
| Influenza | | X | Heart Disease | | X |
| Pneumonia | | X | Cough | | X |
| Sinusitis | | X | Expectoration | | X |
| Asthma | | X | Wheezing | | X |
| Tuberculosis | | X | Shortness of Breath | | X |
| Other Respiratory Disease | | | Chest Pain | | X |

Explain yes answers:

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